

**Medicaid Outpatient Drug Coverage  
Excluded Drug Coverage Information By State  
January 1, 2006**

**MINNESOTA  
(Pending State Plan Amendment Approval)**

**DESCRIPTION**

This chart provides information on excluded drug coverage for this State. If additional information is required, please see the address for the State Medicaid's website.

**MEDICAID ELIGIBILITY**

This State provides coverage for the Categorically Needy and Medically Needy

**EXCLUDED DRUG COVERAGE**

Drugs when used for anorexia, weight loss, weight gain

*Some*

Drugs used to promote weight gain only

Drugs when used to promote fertility

*None*

Drugs when used for cosmetic purposes or hair growth

*None*

Drugs when used for the symptomatic relief of cough and colds

*Some*

Certain cough suppressants, expectorants, antihistamines and decongestants

Prescription vitamins and mineral products

*Some*

Multivitamins, folic acid, Vitamin D analogs

Nonprescription drugs (Over-the-Counter)

*Some*

Cough suppressants, expectorants, antihistamines, decongestants, proton-pump inhibitors, antacids, laxatives, antidiarrheals, pediculocides, vitamins and minerals, lactase, topical antiseptics, topical corticosteroids, anti-acne drugs, artificial tears, saline nasal sprays, topical antifungals, analgesics

Barbiturates (drugs used before surgery to relieve anxiety or tension, to help control seizures in certain disorders or diseases, sometimes used to relieve nervousness or restlessness during the daytime)

*All*

Benzodiazepines (drugs used to relieve anxiety, treat insomnia (trouble in sleeping), or help relax muscles or relieve muscle spasms)

*All*

**MINNESOTA – Excluded Drug Coverage (continued)**

Smoking Cessation (except dual eligibles as Part D will cover)

*All*

**STATE WEBSITE**

[http://www.dhs.state.mn.us/main/groups/business\\_partners/documents/pub/dhs\\_id\\_053197.hcsp](http://www.dhs.state.mn.us/main/groups/business_partners/documents/pub/dhs_id_053197.hcsp)

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